



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Stella Maris Nursing Home
Name of provider:	Stella Maris Residential Care Limited
Address of centre:	Cummer, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0000396
Fieldwork ID:	MON-0036674

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Stella Maris Nursing Home is purpose built centre located in a rural setting near Cummer in County Galway. The centre is registered to accommodate 43 residents over the age of 18 requiring 24 hour nursing care with a range of medical and social care needs. All resident areas are located on the ground floor and office and storage areas are located on the first floor. Communal space comprised a large central day room and several smaller sitting rooms. Bedroom accommodation comprises 21 two bedded rooms and one single room. All bedrooms have en suite toilet and shower facilities. There is a driveway and walkway around the building and a number of small garden areas one of which is a safe enclosed area. Ample parking was available to the front of the building.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 22 June 2022	09:15hrs to 17:05hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

From what inspectors observed, there was evidence that residents in this centre were supported to enjoy a satisfactory quality of life by staff who knew them well. On the day of the inspection, the inspector observed a friendly and relaxed atmosphere.

On the morning of the inspection, the inspector completed a walk around of the designated centre with the clinical nurse manager on duty. Residents were observed to be up and about in the various areas of the centre. A number of residents were in the dining room having their breakfast and other residents were observed sitting in the day room. A small number of residents were in their bedrooms where staff attended to their personal care needs.

The inspector spoke with a total of six residents over the course of the day and overall, the feedback was positive. The residents who spoke with the inspector said that staff were good to them and that they were 'well looked after'. Residents who were unable to speak with the inspector, to give their views of the centre, were observed to be content. The inspector also spent time in communal areas observing resident and staff interaction and found that while overall staff were kind and caring a small number of daily routines were observed to be task-led with little or no communication between staff and residents. The inspector observed a small number of manual handling practices in communal areas which did not afford residents appropriate privacy and dignity. In addition, the inspector observed that medication administration took place in the dining room during mealtimes which compromised the residents' mealtime experience.

A small number of residents informed the inspector that there was a problem with the water pressure and colour in the centre and that they had informed management about the issue. However, there was no evidence that the provider had followed up on these concerns. Furthermore, the inspector observed that the water supply from a number of outlets was discoloured. The inspector also observed that there was a sign on a corridor indicating that the water pressure was low. The administrator informed the inspector that the water system was being serviced on the morning of the inspection.

The inspector found the building was laid out to meet the assessed needs of residents. The day room and dining room were bright and appropriately furnished. Bedrooms were suitably styled, with many residents decorating their rooms with personal items. The building was warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. The bedrooms had sufficient space for residents to live comfortably, which included adequate space to store personal belongings. Call-bells were available throughout the centre. Residents had safe, unrestricted access to outdoor spaces. There was a designated smoking area which was adequate in size and well ventilated.

Throughout the day of the inspection, the majority of residents were observed spending time in the day room, with staff in attendance most of the time. During the morning, some residents were observed reading books and newspapers while other residents were simply sitting quietly. In the afternoon, a number of residents were observed participating in an art class. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff at various times throughout the day.

Friends and families were facilitated to visit residents, and the inspector observed a number of visitors in the centre on the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the previous inspection in February 2022. The findings of the inspection were that the provider had not completed the majority of actions included in the compliance plan submitted to the Chief Inspector following the previous inspection. As a result, the inspector found repeated non-compliances in the following regulations;

- Regulation 21: Records
- Regulation 23: Governance and Management
- Regulation 5: Individual assessment and care plan
- Regulation 9: Residents' rights
- Regulation 17: Premises
- Regulation 27: Infection control
- Regulation 28: Fire precautions.

In addition, the inspector found action was required to assure compliance with the

following regulations;

- Regulation 16: Training and staff development
- Regulation 34: Complaints procedure.

The registered provider was Stella Maris Residential Care Ltd. The company had two directors, one of whom was nominated to represent the registered provider and was also the person in charge. On the day of the inspection, the organisational structure of the centre was not clearly defined. The person in charge was not available on the day and the clinical nurse manager (CNM), who was on duty, facilitated the inspection with support from the administrator. The administrator was also a person who participated in the management of the centre. The CNM informed the inspector that they had commenced their role in the week prior to the inspection, and that they were familiarising themselves with the residents and their needs. As part of the inspection process, the inspector requested access to a number of documents in relation to the care and welfare of the residents. However, the management personnel in the centre on the day were unable to provide the requested information. This information included documentation such as, minutes of meetings, a risk register, an annual review, a complaints log, a COVID -19 preparedness plan and clinical and environmental audit information. Therefore, the inspector was unable to review a range of information required to judge compliance with the regulations. The management arrangements in place in the centre on the day of the inspection did not provide assurance that the provider had a clearly defined governance system in place that identified clear lines of responsibility and accountability. This was a repeated finding at the previous inspection.

The team providing direct care to residents consisted of one registered nurse on duty at all times and a team of healthcare assistants.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

Arrangements for the identification and recording of incidents was in place. However, the inspector found that incidents had not been notified to the Chief Inspector in accordance with the regulations. This is discussed further under Regulation 31: Notification of incidents.

A sample of three staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21: Records.

Staff had access to education and training appropriate to their role. This included infection prevention and control, manual handling, safeguarding and fire safety.

There was a complaints procedure in the centre which was displayed in a prominent place.

## Regulation 15: Staffing

A review of the rosters found that staffing levels were adequate to meet direct care needs of the residents on the day of inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to training appropriate to the service.

Judgment: Compliant

## Regulation 21: Records

Action was required to ensure records were managed in line with the regulatory requirements. For example:

- a sample of staff files was reviewed and found not to have all the required information as set out in Schedule 2 of the regulations. For example, one file did not contain the required up-to-date employment history and one file did not have the required Garda vetting disclosure in place.
- residents' records were stored in an unlocked unit in the day room. Therefore, the inspector was not assured that resident records were securely maintained or that privacy of resident information was maintained.
- the drug kardex was not stored in a safe manner as the inspector found it unsecured in a communal area.

This was a repeated non-compliance identified on the previous inspection.

Judgment: Not compliant

## Regulation 23: Governance and management

The governance arrangements were not effective. The organisational structure did not have clearly defined lines of authority and accountability. There were no arrangements in place on the day to ensure deputising arrangements were in place



in the absence of the person in charge.

The provider had failed to take appropriate actions to ensure adequate oversight of the service. The governance arrangements in place did not provide assurance that the service provided was safe, appropriate, consistent and effectively monitored.

For example;

- there was poor monitoring of the service as there was no evidence that any audits had been completed
- there were ineffective communication systems as there was no evidence that any governance meetings had been held
- there was no COVID-19 contingency plan available
- there was no system in place to identify and manage risks and there was no risk register available
- following the previous inspection, the provider had committed to putting a system in place to provide privacy and dignity for residents in communal areas and ensure residents were treated with dignity and respect. The observations on this inspection found that no improvements had been made and that practice remained poor.
- there was no annual review of the quality and safety of care in the centre carried out for 2021 or a quality improvement plan for 2022 available.

This was a repeated non-compliance from the previous inspection.

In addition, the provider had failed to complete the majority of actions required following the previous inspection, as per the provider's own compliance plan submitted to the Chief Inspector.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The person in charge had not submitted the required monitoring notifications for notifiable events in the centre in line with Regulation 31. For example, the Chief Inspector was not notified following one incident whereby a resident sustained a serious injury that required hospital treatment.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The inspector found that residents' complaints and concerns were not managed and responded to in line with the centre's complaints management policy. For

example, one resident informed the inspector that they had spoken to members of the management team several times, and expressed their dissatisfaction with the water supply in their bedroom. There was no evidence of a record of this complaint or actions taken to resolve the issue available.

Judgment: Not compliant

#### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

#### Quality and safety

The inspector found that residents living in the designated centre received care and support that was of a satisfactory standard. While, in general, staff were respectful and courteous with the residents, the inspector observed that some routines and care practices were task-led and not person-centred. In addition, action was required to ensure that residents' choice, privacy and dignity were maintained at all times. This will be discussed further under Regulation 9: Residents rights.

The inspector found that residents had access to a general practitioner and were provided with access to other healthcare professionals, in line with their assessed need. The inspector reviewed a sample of residents' files. Residents' healthcare needs were assessed using validated tools which informed care planning. The care plans contained person-centred information relating to each resident.

The centre were observed to be clean and tidy on the day of the inspection and all areas were appropriately decorated. A number of areas had been redecorated since the previous inspection. However, there were a number of actions required to ensure regulatory compliance that were also identified during the previous inspection. This will be discussed further under Regulation 17: Premises

Infection Prevention and Control (IPC) measures were in place. However, action was required to ensure staff practices supported appropriate infection prevention and control. This will be discussed under Regulation 27.

There were arrangements in place in the centre for residents to receive visitors.

### Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 17: Premises

A number of actions were required to ensure compliance with regulation 17. For example;

- A number of light switches in resident bedrooms were in a poor state of repair.
- The communal bathroom was used to store a number of items of equipment, impeding residents' access to this bathroom.
- There was inappropriate storage of resident equipment in front of grab rails thereby restricting access for the residents.
- There was inappropriate storage of resident equipment in a number of ensuite facilities

This was a repeated non compliance.

Judgment: Substantially compliant

### Regulation 27: Infection control

Action was required in the management of infection prevention and control (IPC) to ensure compliance with Regulation 27. This was evidenced by;

- a number of ensuite facilities in twin bedrooms did not have sufficient storage facilities available for residents' personal property resulting in residents'

- toiletries stored on toilet cisterns which was a risk of cross contamination
- items of furniture were found to be visibly chipped/scuffed or in a state of disrepair and therefore could not be cleaned properly.

This was a repeated non compliance.

In addition,

- there were poor practices observed with regard to hand hygiene and a small number of staff were observed wearing nail polish
- staff were observed wearing face masks incorrectly
- the management of sharps was poor. The inspector observed one sharps box was not labelled correctly to allow for contact tracing and appropriate disposal.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Each resident had a care plan in place based on a comprehensive assessment of their needs.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and healthcare professionals to meet their assessed needs.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that the resident's rights were not upheld in the following areas;

- there were limited opportunities for residents to participate in activities or

social engagement.

- there were no resident meetings held in the centre since Dec 2021 and therefore there was no evidence that the residents had an opportunity to be consulted about the management of the centre.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Stella Maris Nursing Home OSV-0000396

Inspection ID: MON-0036674

Date of inspection: 22/06/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Residents record and Drug Kardex are no longer stored in the communal area. Secure storage has been installed in the nurses station in a safe and secure manner. This will be monitored 24/7 by the nurse on duty. This is effective immediately.</p> <p>Employment history – An up to date, accurate and secure personnel file will be kept for all staff and any gaps in employment history will be addressed during interview stage. This is effective immediately and will be monitored by administration.</p> <p>All Garda vetting disclosures will be obtained by Stella Maris and not through a recruitment agency, effective immediately. This will be monitored by administration staff.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Objective: Stella Maris will have in effect clearly defined accessible governance arrangements and structures that set out the line of authority and accountability, stipulate individual accountability, and specify roles and responsibilities.</p> <p>Action: Identify a Quality and Safety group to monitor compliance with standards. Progress reports will be included in Management Meetings.</p> <p>Person responsible: Registered Provider</p>	



Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifiable events will be submitted to the Chief inspector within 3 days of incident going forward by PIC/DON</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>One resident had spoken to members of the management team several times, no evidence of this complaint or actions taken to resolve the issue available.</p> <p>Objective: Each resident's complaints and concerns will be listened to and acted upon in a timely, supportive and effective manner.</p> <p>All complaints will be recorded and acted upon as per complaints policy.</p> <p>Person responsible: Person in charge</p> <p>Status – Completed and ongoing</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The replacement of all light dimmer switches in resident's bedroom has been completed. Resident's equipment is now stored in a safe and appropriate manner.</p> <p>Resident's personal property has been removed from the ensuite cisterns to their wardrobe with immediate effect. Suitable shelving has been sourced, awaiting delivery from the supplier. Upon delivery shelving will be fitted to every ensuite bathroom by 15th November 2022.</p> <p>Furniture items, e.g. chairs that were visibly worn have been removed from the building and replaced by new chairs.</p> <p>An inventory has been carried out on all beds that are visibly chipped/scuffed This is to be completed by 15th November 2022.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An environmental audit will be carried out monthly by Housekeeping staff. CNM is responsible for monitoring compliance for Infection Prevention and control procedures such as hand hygiene use of protective clothing, the safe disposal of sharps, management of laundry and waste management.</p> <p>Staff Training reference infection control for hand hygiene and wearing of masks correctly is scheduled for 14th September.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Each resident will be offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.</p> <p>Recruitment for a full-time activity co-ordinator is presently advertised with the hope of filling this position as soon as possible. In the meantime a Health Care Assistant is now rostered from 9.30 to 2.30pm Monday to Friday.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/11/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/11/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	15/09/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Not Compliant	Orange	15/09/2022

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	30/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	15/09/2022

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	30/09/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	30/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/11/2022

Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2022
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